## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033295

Entity Name: GULF VIEW TITLE, L.L.C.

**FILED** Mar 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

10001 TAMIAMI TRAIL NORTH, SUITE 114 5515 BRYSON DRIVE NAPLES, FL 34108

SUITE 502

NAPLES, FL 34109

**Current Mailing Address: New Mailing Address:** 

5515 BRYSON DRIVE 10001 TAMIAMI TRAIL NORTH, SUITE 114 NAPLES, FL 34108 SUITE 502

NAPLES, FL 34109

FEI Number: 54-2090438 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARC F. OATES, P.A. MARC F. OATES, P.A. 10001 TAMIAMI TRAIL NORTH, SUITE 114 5515 BRYSON DRIVE NAPLES, FL 34108

SUITE 502 NAPLES, FL 34109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARC FOATES, ESQ. 03/26/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change ( ) Addition

OATES, MARC F Name: Name: OATES MARC F Address: 2016 PAINTED PALM DRIVE Address: 5515 BRYSON DRIVE SUITE 502

City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARC FOATES **MGRM** 03/26/2006